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Sept. 11 Health Fund Given Clearance to Cover Cancer

By ANEMONA HARTOCOLLIS

A federal health official's ruling has cleared the way for 50 different types of cancer to be added to the list of sicknesses covered by a $4.3 billion fund set up to compensate and treat people exposed to the toxic smoke, dust and fumes in the months after the Sept. 11, 2001, terrorist attacks.

The decision, released on Friday, came as a vindication for hundreds and perhaps thousands of people who have claimed — often in the face of resistance from public health officials — that their cancers were caused by their exposure to the dust cloud and debris thrown up by the attacks.

It will allow not only rescue workers but also volunteers, residents, schoolchildren and passers-by to apply for compensation and treatment for cancers developed in the aftermath of the attacks. The cancers will not be officially added to the list of covered illnesses until after a period of public comment and review that could last several months.

The decision, by Dr. John Howard, director of the National Institute for Occupational Safety and Health, comes despite a current absence of evidence linking the attack to cancer, causing some skepticism among epidemiologists. It also reduces the amount of money for people suffering from ailments more conclusively linked to the Sept. 11 attacks, namely lung and other respiratory sicknesses.

And it poses a number of logistical challenges, since it will be difficult if not impossible to separate people who developed cancer as a result of ground zero from those who would have gotten the disease anyway, and because many cancer diagnoses are likely to be made years after the deadline for applying for compensation passes in 2016.

Representative Carolyn B. Maloney, Democrat of New York and a primary sponsor of the 2010 law that set up the fund, said that she recognized those concerns but that the decision was the correct one. "I think it's an important statement that the country's going to take care of the workers and people who are there to save the lives of the people of the city," she said.

One cancer patient who typifies the fraught nature of the decision, Ernest K. Matthews, 62, said he developed lung cancer in 2008 and had part of his right lung cut out. He was part of a crew that

cleaned elevators for the Merrill Lynch building next to ground zero after the terrorist attack. He was also a smoker.

But he said he had been able to walk up six flights of stairs carrying a heavy tool bag without catching his breath before Sept. 11. He developed breathing problems soon after, he said.

"It's a good day," Mr. Matthews said Friday. "Look at all the people that suffered and lost their lives, sacrificing for the cleanup. It took so long for them to decide to help the people that were suffering."

Dr. Howard's decision represented an about-face from assurances by the federal government immediately after the terrorist attacks that there was nothing in the air to be worried about. In July 2011, Dr. Howard himself said there was not enough scientific or medical evidence to link cancer to Sept. 11.

But in a lengthy report explaining his decision, Dr. Howard said that a New York Fire Department study published last fall in the British medical journal The Lancet, which showed that firefighters exposed to ground zero toxic substances had about 20 percent higher rate of cancer than firefighters who were not exposed, had provided a strong foundation for a conclusion that some cancers had been caused by exposure to the World Trade Center debris.

Beyond the Lancet study, he said, he had relied on recommendations made in late March by a scientific and technical advisory committee consisting of experts from the fields of cancer, environmental medicine, toxicology and epidemiology as well as neighborhood activists and union officials. He fully adopted the committee's recommendation that 14 broad categories of cancer, encompassing 50 specific types, should be deemed as related to the attacks.

Among the cancers Dr. Howard approved are some of the most common, including lung, breast, colon, trachea, esophageal, kidney, bladder, skin, thyroid, blood and ovarian cancers. Dr. Howard also approved childhood cancers, which are relatively rare, because children are more susceptible to toxic substances.

People with covered cancers who lived, worked or attended school in Lower Manhattan — generally the area below Canal Street — between Sept. 11, 2001, and May 30, 2002, would be able to apply for compensation for their economic losses, pain and suffering. Until the decision on Friday, the only ailments approved for compensation were mainly respiratory and digestive ones. Survivors of patients who have died, as well as people caught in the dust cloud downtown on the day of the attack, may also apply.

The amount of compensation will depend on the severity of the illness and duration of exposure, as proven by records like employment or housing documents, or city personnel records for fire, police

and other public workers.

The new rules would apply to Pentagon and Shanksville, Pa., responders as well, and it allows those cancer patients to tap into a treatment fund to pay for medical costs not covered by insurance.

Mayor Michael R. Bloomberg, who has consistently deferred to scientific rulings on health hazards at ground zero, said that his administration had called for periodic reviews of the medical evidence on cancer, and that the decision was "an important step."

The advisory committee had said that 70 known or potential carcinogens, including asbestos, arsenic and formaldehyde, had been found in the smoke, dust and fumes from the disaster, that 15 of those were known to cause cancer in humans, and that 37 were "reasonably anticipated" to cause cancer.

The advisory committee considered but rejected, by a 14-to-3 vote, the notion of adding all cancers to the list. It explicitly rejected pancreas, brain and prostate cancers, for various reasons. The committee could meet again to discuss other potential additions to the list.

The broad sweep of the committee's recommendation raised some eyebrows among epidemiologists, several of whom have said that it appeared the committee was appealing to societal concerns that the cancer patients not be left out of the fund.

"Clearly this was a difficult decision, and primarily motivated by concern for a sympathetic population," said Dr. Alfred I. Neugut, an oncologist and professor of epidemiology at the Mailman School of Public Health at Columbia. "The scientific evidence currently is certainly weak; whether future evidence bears out the wisdom of this decision will have to be seen."

Dr. Howard made a nod toward a concern of some epidemiologists that because cancer was a common disease, it would be hard to distinguish who got cancer because of Sept. 11 from those who did not. He also said that hard scientific data conclusively linking Sept. 11 to cancer might take years to obtain.

"Requiring evidence of positive associations from studies of 9/11-exposed populations exclusively does not serve the best interests" of the patients, he wrote.

Susan C. Beachy contributed research.

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2010 Oregon Workers' Compensation Premium Rate Ranking Summary

Department of Consumer and Business Services October 2010

By Jay Dotter and Mike Manley

Oregon employers in the voluntary market pay, on average, the 41st highest workers' compensation premium rates in the nation. Oregon rates are 17 percent below those of the median state in the study.

Premium rate indices are calculated based on data from 51 jurisdictions, for rates in effect as of Jan. 1, 2010. Oregon's premium rate index is $1.69 per $100 of payroll, or 83 percent of the national median. National premium rate indices range from a low of $1.02 in North Dakota to a high of $3.33 in Montana. The 2010 median value is $2.04, which is a drop of 10 percent from the $2.26 median of the 2008 study. Three jurisdictions have an index rate in the $3.00 to $3.49 range; five are in the $2.50 to $2.99 range; 20 are in the $2.00 to $2.49 range; 16 are in the $1.50 to $1.99 range; and seven have indices under $1.50.

Figure 1. 2010 Workers' compensation premium index rates

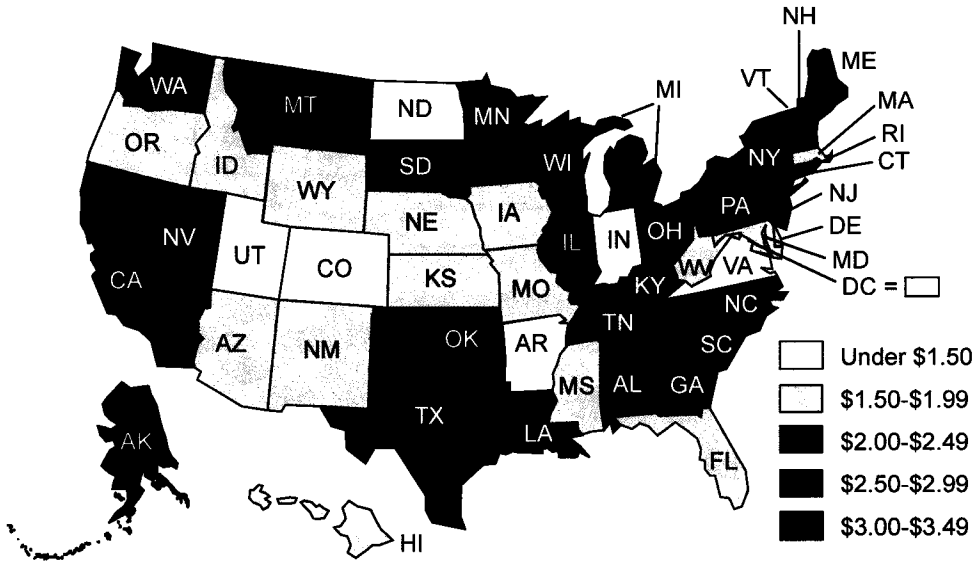

Table 1. Oregon's ranking in the top 10 classifications

Occupation	Ranking
Clerical office employees NOC	45
Salespersons - outside	48
College: professional employees and clerical	39
Physician and clerical	42
Restaurant NOC	40
Store: retail, NOC	41
Hospital: professional employees	36
Automobile service/repair center and drivers	34
Trucking: NOC - all employees and drivers	28
Health care employees – retirement, nursing, convalescent	21

This study used classification codes from the National Council on Compensation Insurance (NCCI). Of approximately 450 active classes in Oregon, 50 were selected based on relative importance as measured by share of losses in Oregon. To control for differences in industry distributions, each state's rates were weighted by 2004-2006 Oregon payroll to obtain an average manual rate for that state. Listed in Table 1 are Oregon's rankings in the top 10 of the 50 classifications used.

Table 2 (on the back) contains the premium rate ranking for all 51 jurisdictions.

Table 2. Workers' compensation premium rate ranking

2010 Ranking	2008 Ranking	State	Index Rate	Percent of study median	Effective Date
1	2	Montana	3.33	163%	July 1, 2009
2	1	Alaska	3.10	152%	Jan. 1, 2010
3	10	Illinois	3.05	149%	Jan. 1, 2010
4	9	Oklahoma	2.87	141%	11/1/09 state fund, 1/1/10 private
5	13	California	2.68	131%	Jan. 1, 2010
6	20	Connecticut	2.55	125%	Jan. 1, 2010
7	16	New Jersey	2.53	124%	Jan. 1, 2010
8	5	Maine	2.52	123%	Jan. 1, 2010
10	14	New Hampshire	2.45	120%	Jan. 1, 2010
10	8	Alabama	2.45	120%	March 1, 2009
12	17	Texas	2.38	117%	May 1, 2009
12	12	South Carolina	2.38	117%	July 1, 2009
13	19	New York	2.34	115%	Oct. 1, 2009
14	15	Pennsylvania	2.32	114%	April 1, 2009
15	7	Kentucky	2.29	112%	Oct. 1, 2009
16	24	Minnesota	2.27	111%	Jan. 1, 2010
17	3	Ohio	2.24	110%	July 1, 2009
18	4	Vermont	2.22	109%	April 1, 2009
19	34	Wisconsin	2.21	108%	Oct. 1, 2009
20	21	Tennessee	2.19	108%	Nov. 4, 2009
21	18	Nevada	2.13	104%	March 2, 2009
23	32	Michigan	2.12	104%	Jan. 1, 2009
23	22	North Carolina	2.12	104%	April 1, 2009
24	25	Georgia	2.08	102%	July 1, 2009
25	11	Louisiana	2.06	101%	Oct, 1, 2009
26	38	Washington	2.04	100%	Jan. 1, 2010
28	36	South Dakota	2.02	99%	July 1, 2009
28	26	Rhode Island	2.02	99%	Jan. 1, 2010
29	34	Idaho	1.98	97%	Jan. 1, 2010
30	32	Nebraska	1.97	97%	Feb. 1, 2009
31	24	Mississippi	1.96	96%	March 1, 2009
32	32	New Mexico	1.91	94%	Jan. 1, 2010
33	28	Missouri	1.90	93%	Jan. 1, 2010
34	7	Delaware	1.85	91%	Dec. 1, 2009
35	41	West Virginia	1.84	90%	Nov. 1, 2009
36	41	Iowa	1.82	89%	Jan. 1, 2010
37	37	Wyoming	1.79	88%	Jan. 1, 2010
38	45	Arizona	1.71	84%	Jan. 1, 2010
40	36	Hawaii	1.70	83%	Jan. 1, 2010
40	28	Florida	1.70	83%	Jan. 1, 2010
41	**39**	**OREGON**	**1.69**	**83%**	**Jan. 1, 2010**
42	44	Maryland	1.63	80%	Jan. 1, 2010
43	42	Kansas	1.55	76%	Jan. 1, 2010
44	49	Massachusetts	1.54	75%	Sept. 1, 2008
45	46	Utah	1.46	71%	Dec. 1, 2009
47	43	Colorado	1.39	68%	Jan. 1, 2010
47	48	Virginia	1.39	68%	April 1, 2009
48	29	District of Columbia	1.32	65%	Nov. 1, 2009
49	47	Arkansas	1.18	58%	July 1, 2009
50	50	Indiana	1.16	57%	Jan. 1, 2010
51	51	North Dakota	1.02	50%	July 1, 2009

Notes: Starting with the 2008 study, when two or more states' Index Rate values are the same, they are assigned the same ranking. The index rates reflect adjustments for the characteristics of each individual state's residual market. Rates vary by classification and insurer in each state. Actual cost to an employer can be adjusted by the employer's experience rating, premium discount, retrospective rating, and dividends. Link to previous reports and summaries.

Employers can reduce their workers' compensation rates through accident prevention, safety training, and by helping injured workers return to work quickly.

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